RACIAL/ETHNIC PATTERNS

Problems arise when analyzing cancer incidence, mortality and survival for racial or ethnic groups other than whites and blacks due to the small numbers of cases. Detailed racial and ethnic information has been collected by the SEER program since its inception and coverage of a myriad of racial and ethnic groups within the U.S. has been one of the program goals (Table 6.1). This level of detail is, however, lacking in the U.S. mortality data and intercensual population estimates. With the exception of Chinese, Japanese, and Filipinos, detailed information for other Asian populations is not available from U.S. mortality data. Hispanic ethnicity has been available in U.S. mortality data for all 50 states only since 1990. Denominator counts for detailed racial/ethnic groups are available only at the 1990 census, making it possible to compute incidence and mortality rates for short time periods around the census, but not long-term trends. Changes in the definition of Hispanic status over time, both by SEER and by the Bureau of the Census, also complicate the computation of rates and trends. Finally, the lack of life-table data for several specific groups, for example Koreans and Vietnamese, makes it impossible to calculate relative survival. Despite these limitations, several racial/ethnic comparisons can be examined and are presented in this section.

Table 6.1

Number of Persons in the U.S. Population and SEER Areas, 1990s Census Data[1]

RACE	TOTAL U.S.	TOTAL SEER	SEER % of U.S.
All Races	248,709,873	34,639,485	13.9
Black	29,986,060	3,673,998	12.3
Chinese	1,645,472	708,454	43.1
Filipino	1,406,770	692,445	49.2
Hawaiians	211,014	163,698	77.6
Hispanic[2]	22,354,059	5,575,822	24.9
Japanese	847,562	507,983	59.9
Native American	1,959,234	532,973	27.2
White	199,686,070	24,951,371	12.5

[1] The source of the population numbers in this table is the Bureau of the Census 1990 STF2C data tape. These population numbers may not be identical to those used in the calculation of rates appearing in other publications.

[2] The "Hispanic" classification is a further description of persons already included in the other racial/ethnic categories and thus constitutes a double count.

SEER incidence and U.S. mortality rates for prostate cancer have been previously calculated for the time period 1988-1992 as part of the *Racial/Ethnic Patterns of Cancer in the United States 1988-1992* monograph. Results from this publication indicate that incidence and mortality rates are 34% and 123% higher, respectively, for blacks compared to whites. The incidence and mortality rates observed in Asians, Hawaiians and Native Americans are significantly lower than either the white or black rates (Table 6.2). Rates for whites are subdivided into Hispanic and non-Hispanic components. Rates for white Hispanics are about one-third lower than rates for white non-Hispanics.

Table 6.2
Prostate Cancer
SEER Incidence and U.S. Mortality
1988-1992

	Incidence	Mortality
Black	180.6	53.7
Chinese	46.0	6.6
Filipino	69.8	13.5
Hawaiian	57.2	19.9
Japanese	88.0	11.7
Native American*	52.5	16.2
White (Total)	134.7	24.1
White Hispanic	92.8	15.9
White Non-Hispanic	137.9	24.4

Rates are per 100,00 and are age-adjusted to the 1970 U.S. standard. Source: *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*; NIH Pub. No. 96-4104.

*Based only on data from New Mexico

Beginning with the 1990 Decennial Census, yearly estimates have been available for Asian/Pacific Islander, Native American and Hispanic (total, white Hispanic, non-white Hispanic) populations, allowing for the calculation of recent time trends in incidence rates for these groups and mortality rates for Hispanics. Incidence rates are highest for blacks and lowest for Native Americans (Figure 6.1). Incidence rates peaked in 1992 for all groups except blacks, whose rate peaked in 1993. Incidence declined from 1993 through 1995 in all groups. Rates for Native Americans remain the lowest of the five groups.

Mortality rates are higher for white non-Hispanics compared to white Hispanics (Figure 6.1). The rate for white non-Hispanics began to decline in 1992, but for white Hispanics the rate first decreased slightly in 1995.

The distributions by stage (Figure 6.2) and grade (Figure 6.3) are relatively consistent among racial and ethnic groups. In all groups, between 59-64% of prostate cancers are diagnosed at a localized stage. Around 20% of the cases have regional and 6-13% distant disease at diagnosis. Hawaiians, Native Americans, and blacks have the highest proportions of men diagnosed with distant stage disease.

Across all racial/ethnic groups, the highest proportion (46-56%) of prostate cancers is moderately differentiated. About 15-20% of the tumors are well differentiated and 21-29% poorly differentiated. Filipino and Hawaiian men have the highest proportions of poorly differentiated tumors.

Five-year relative survival rates vary by stage across racial/ethnic groups (Figure 6.4). For localized and regional stage prostate cancers, Native Americans have the lowest relative survival rates followed by Filipino men. Blacks, white Hispanics, Native Americans and Filipinos diagnosed with distant disease had lower rates than

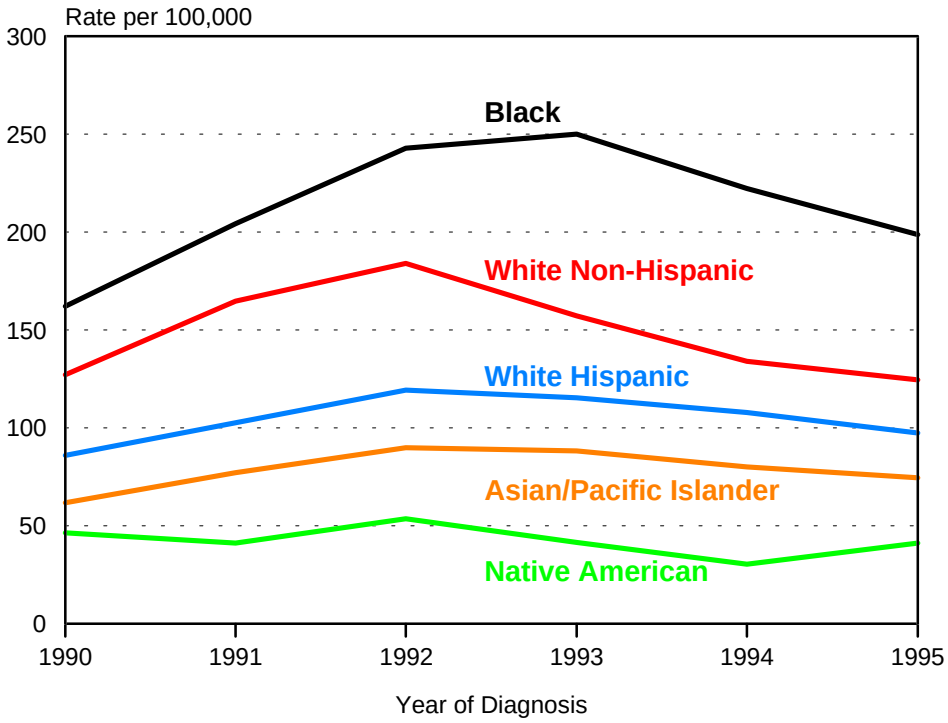
other groups. Over all stages, survival is higher for white non-Hispanics compared to white Hispanics.

The distributions of treatment for localized and regional stage disease (Figure 6.5) and distant disease (Figure 6.6) varied by racial/ethnic groups. The proportion of men undergoing radical prostatectomy for localized and regional stages was higher in white non-Hispanic, white Hispanic, and Chinese populations compared to other racial/ethnic groups. Japanese, Hawaiians and blacks had higher proportions of men receiving radiation therapy than other racial/ethnic groups. The highest proportion of men receiving no treatment was observed in Native Americans. The majority of men with distant stage disease receive hormone therapy, regardless of race or ethnic subgroup.

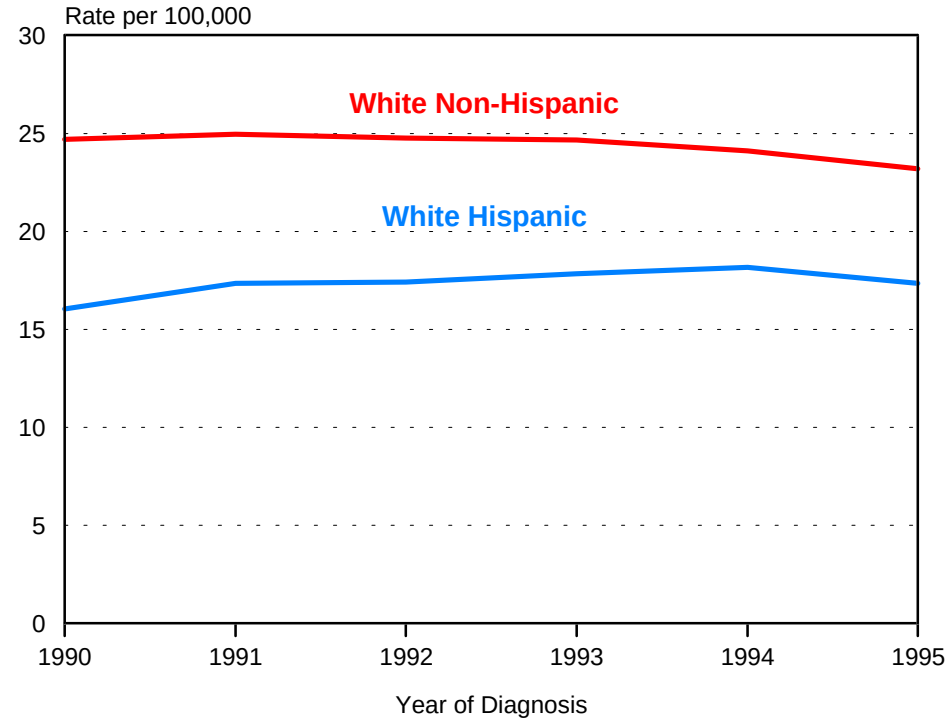
FIGURE 6.1

Prostate Cancer
Incidence and Mortality Rates by Race/Ethnicity, 1990-1995

SEER Incidence Rates



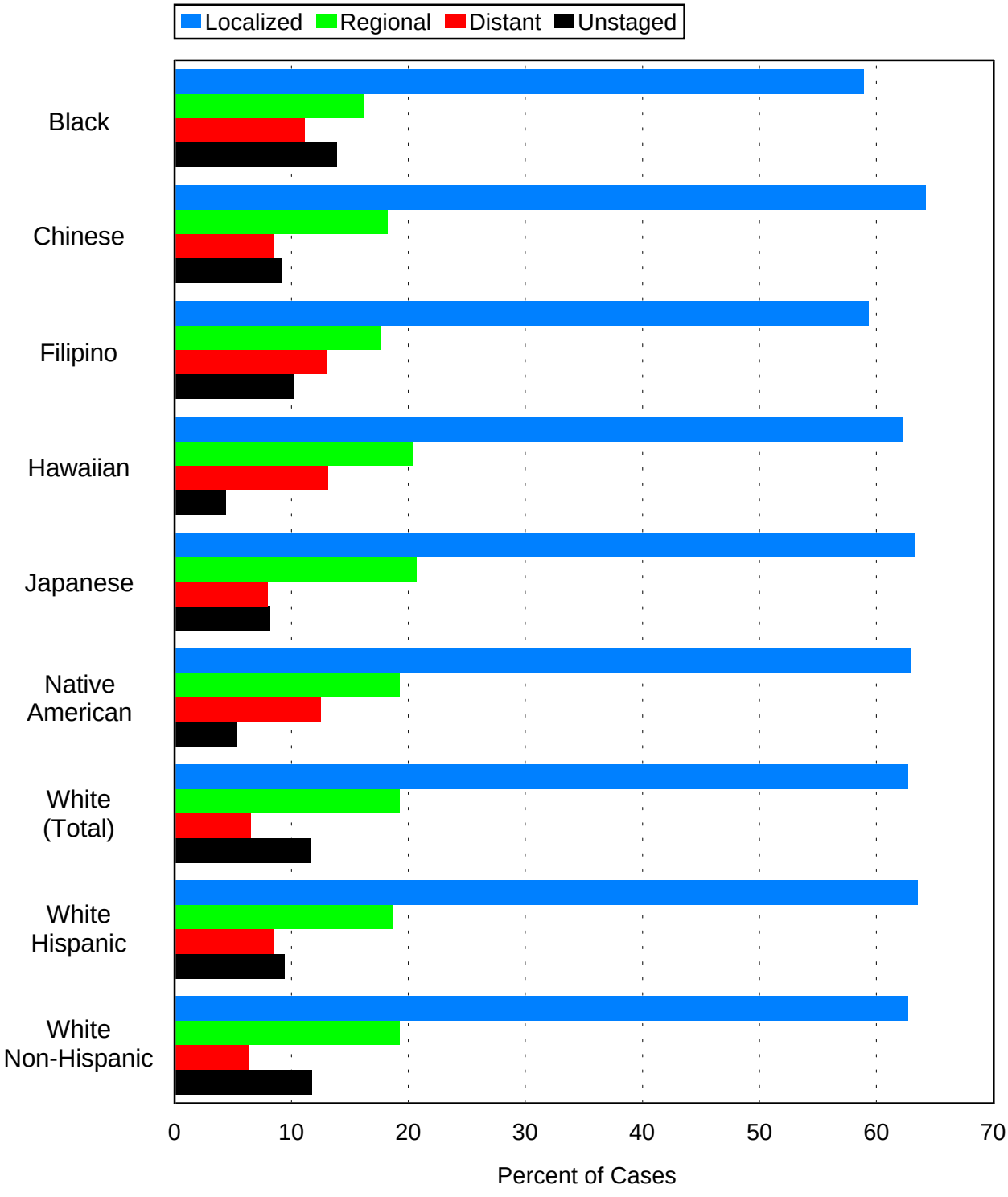
U.S. Mortality Rates



Note: Rates are age-adjusted to the 1970 U.S. standard; incidence rates are based on data from 11 SEER registries. Mortality rates do not include data from Connecticut, Louisiana, New Hampshire, or Oklahoma.

FIGURE 6.2

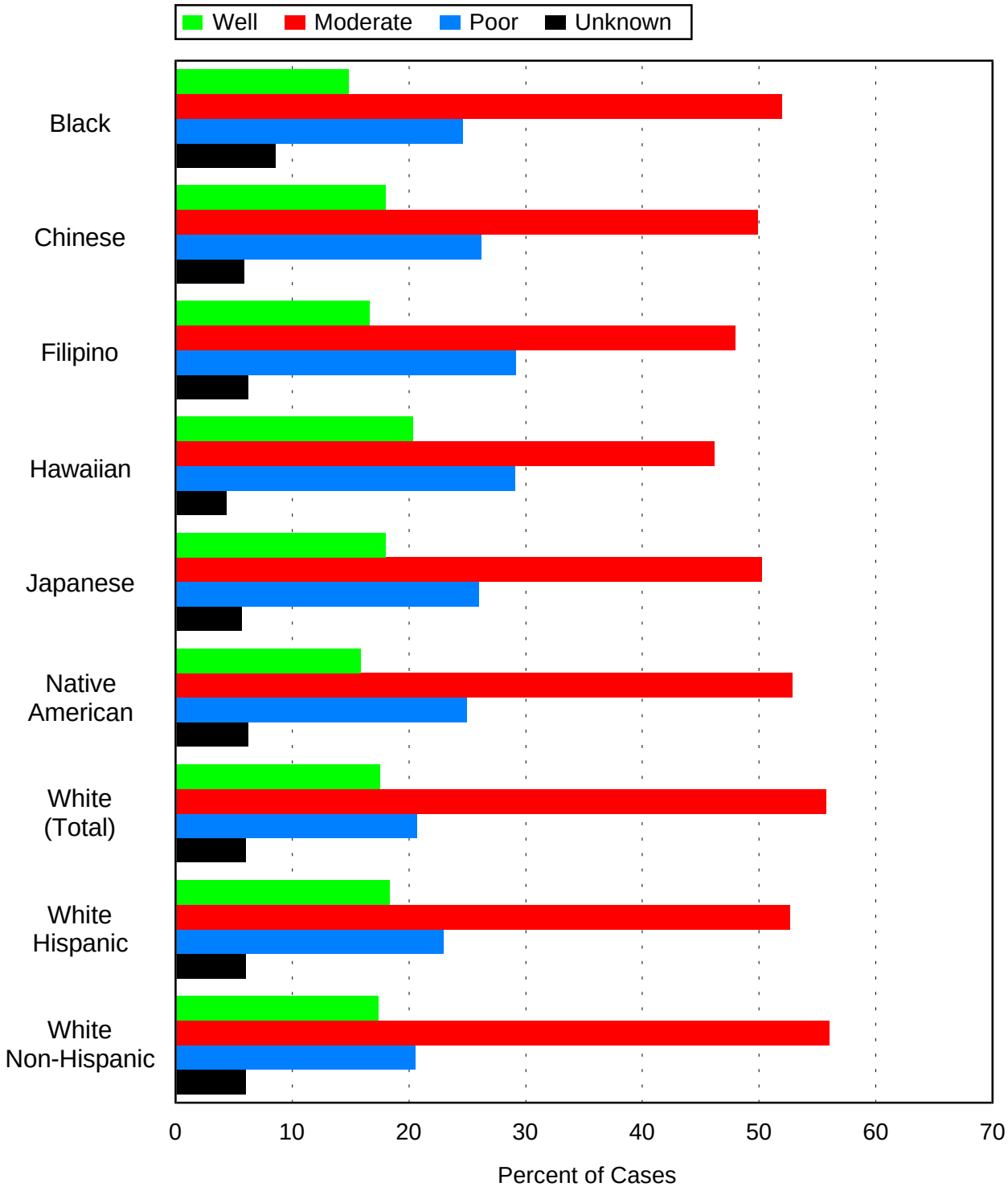
Prostate Cancer
Distribution of SEER Cases by Race/Ethnicity and Stage, 1990-1995



Note: Based on data from the 11 SEER registries. Los Angeles data used only for 1992-1995.

FIGURE 6.3

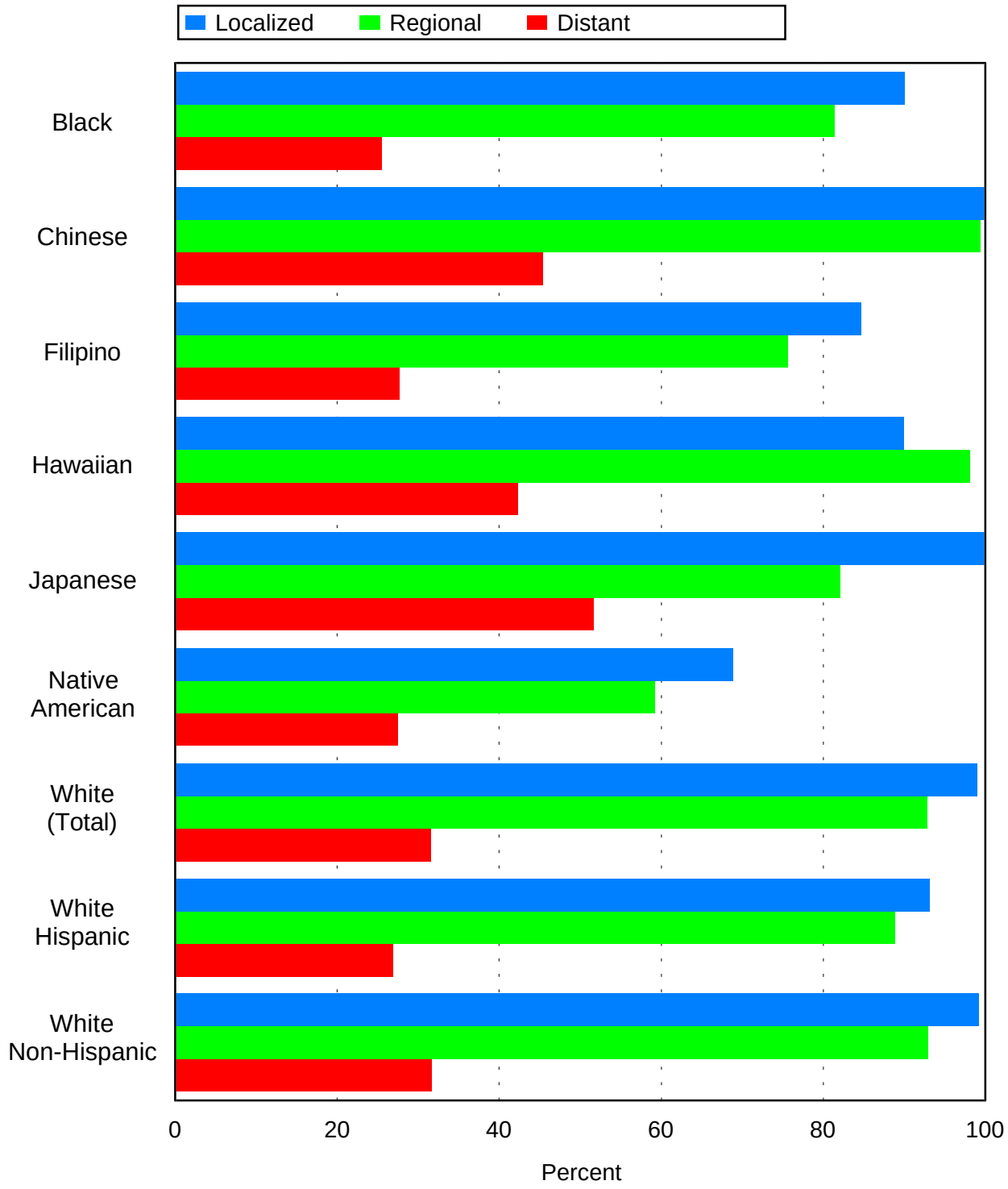
Prostate Cancer
Distribution of SEER Cases by Race/Ethnicity and Grade, 1990-1995



Note: Based on data from the 11 SEER registries. Los Angeles data used only for 1992-1995.

FIGURE 6.4

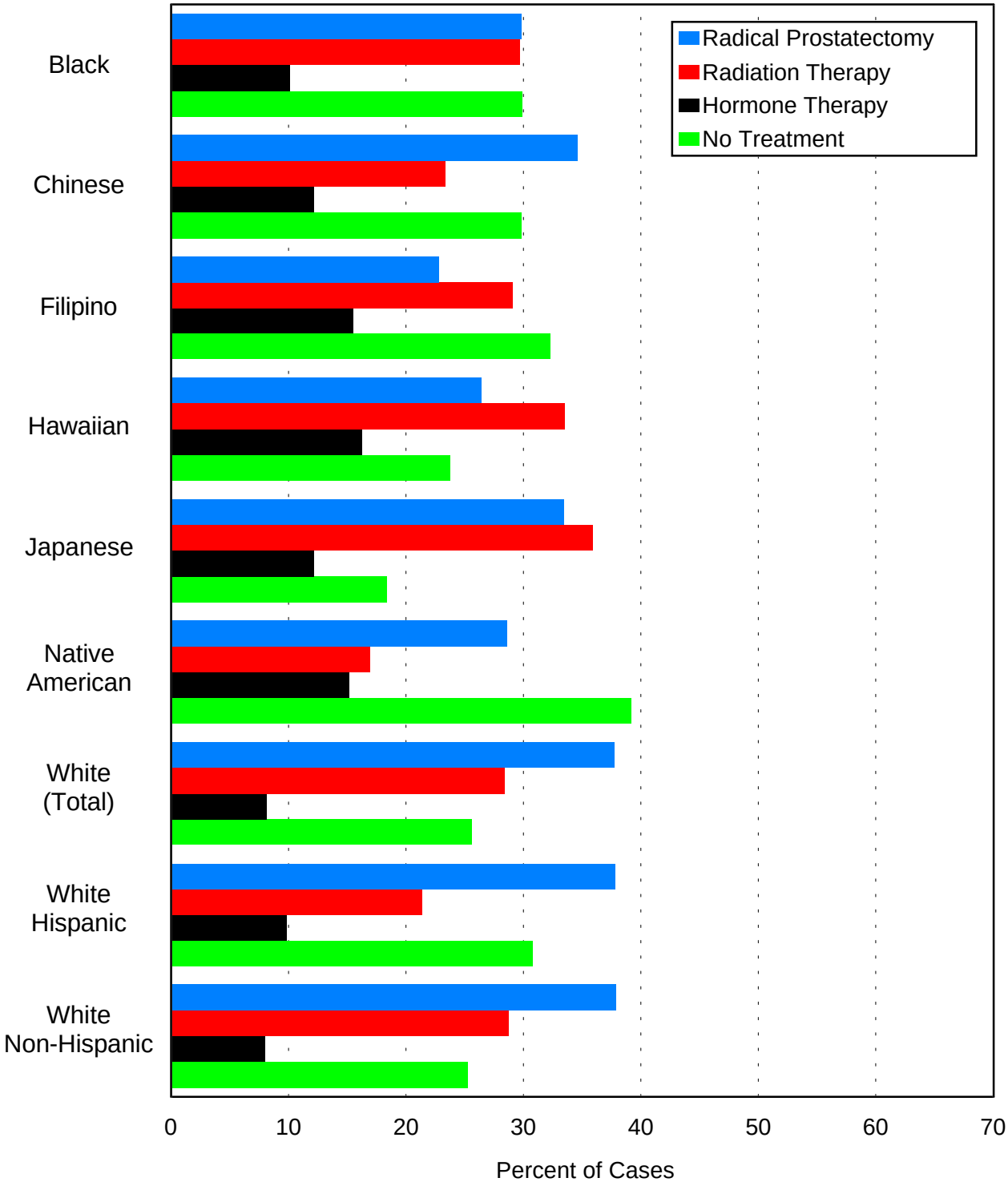
Prostate Cancer
5-Year Relative Survival by Race/Ethnicity and Stage, 1983-1993



Note: Based on data from the 11 SEER registries.

FIGURE 6.5

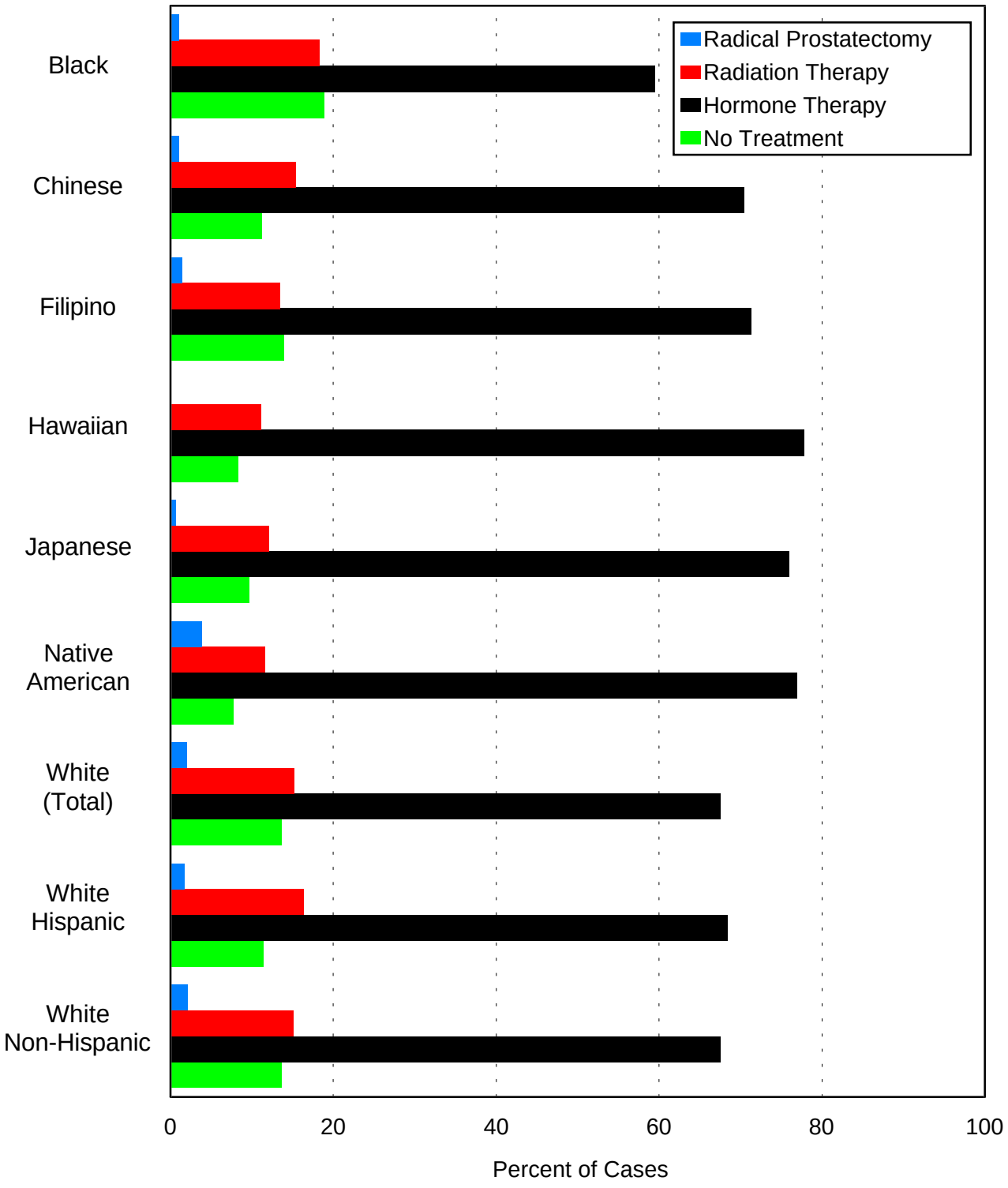
Prostate Cancer
Distribution of SEER Cases by Race/Ethnicity and Treatment, 1990-1995
Localized and Regional Stages



Note: Based on data from the 11 SEER registries. Los Angeles data used only for 1992-1995.

FIGURE 6.6

Prostate Cancer
Distribution of SEER Cases by Race/Ethnicity and Treatment, 1990-1995
Distant Stages



Note: Based on data from the 11 SEER registries. Los Angeles data used only for 1992-1995.